

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045213

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
FILED DEC 5 1963

1003

11826

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Length of stay in lb

3 WKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MISSOURI

St Louis

c. CITY
OR
TOWN

MEHLVILLE

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

4840 RINGER RD

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Ethel

Middle

L.

Last

Benson

4. DATE
OF
DEATH

Month

Day

Year

Nov.

28

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-9-1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

COLD WATER, KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM LOWRY

13b. MOTHER'S MAIDEN NAME

IDA CROUCH

14. NAME OF HUSBAND OR WIFE

JAMES BENSON DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

NIL

16. SOCIAL SECURITY NO.

ZELMA MEYER

17. INFORMANT

ZELMA MEYER

Address

4840 RINGER RD
St Louis Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary emboli

INTERVAL BETWEEN
ONSET AND DEATH
11 mons.

DUE TO (b)

Adenocarcinomatosis head of pancreas

11 mons.

DUE TO (c)

157x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/7/63

to

11/28/63

and last saw her alive on

Nov. 28, 1963

Death occurred at

11:35

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

FRANK R. BRADLEY, M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

11/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

11-30-1963

23c. NAME OF CEMETERY OR CREMATORY

HILL CREST ABBEY

23d. LOCATION (City, town, or county)

St Louis Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

FEY FUNERAL HOME, MEHLVILLE MO

25. DATE RECD. BY LOCAL REG.

NOV 30 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1
2 4006
3
4 1
5 2
6
7 1
8 1
9
10
11
12 520
13
52

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.